

RECEIVED  
CENTRAL FAX CENTER

NOV 14 2005

<b>CHANGE OF CORRESPONDENCE ADDRESS</b>  <i>Application</i>  Address to: Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450	Application Number	10/788,477
	Filing Date	03-01-2004
	First Named Inventor	Hans SCHOLZ
	Art Unit	3636
	Examiner Name	Stephen A. Vu
	Attorney Docket Number	740116-509

Please change the Correspondence Address for the above-identified application to: <input checked="" type="checkbox"/> Customer Number <span style="border: 1px solid black; padding: 2px;">25570</span> Type Customer Number here OR <input type="checkbox"/> Firm or Individual Name		Place Customer Number Bar Code Label here
Address Address City State ZIP Country Telephone Fax		
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).  I am the: <input type="checkbox"/> Applicant/Inventor <input type="checkbox"/> Assignee of record of the entire interest. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> Attorney or agent of record. <input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____		
Type or Printed Name <b>David S. Safran, Reg. No. 27,997</b> Signature Date <b>November 14, 2005</b>		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		
<input type="checkbox"/> *Total of _____ forms are submitted.		

Certificate of Transmission

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office: Fax No. 571-273-8300 on November 14, 2005.

Kathleen M. McManus

NVA259972.1